

**January 12, 2007**

# **Montana Medicaid Notice**

## **Durable Medical Equipment Providers**

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### **Medicare Changes in Certificate of Medical Necessity (CMN)**

Montana Medicaid uses Medicare forms for documentation of medical necessity for Durable Medical Equipment items. Be advised that additional documentation (to the CMN) may be required to support the medical necessity of your request.

Effective October 1, 2006, Medicare has revised their CMNs. The transition period when old forms or new forms can be used is October 1, 2006, through December 31, 2006. After January 1, 2007, the old forms will no longer be accepted.

<b>New CMS Form</b>	<b>Items Addressed</b>
484	Oxygen
846	Pneumatic Compression Devices
847	Osteogenesis Stimulators
848	Transcutaneous Electrical Nerve Stimulators (TENS)
849	Seat Lift Mechanisms
854	Section C Continuation

#### **New DME Information Forms (DIFs)**

<b>CMS Form</b>	<b>Items Addressed</b>
10125	External Infusion Pumps
10126	Enteral and Parenteral Nutrition

#### **CMNs Eliminated**

<b>CMS Form</b>	<b>Items Addressed</b>
841	Hospital Beds
842	Support Surfaces

### **Contact Information**

For Medicare criteria visit the CMS website:

**[www.noridianmedicare.com/dme/index.html](http://www.noridianmedicare.com/dme/index.html)**

For claims questions or additional information, contact Fran O'Hara, Acting DME Program Officer, at (406) 444-5296 or Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**